Primary care providers (PCPs) are frequently responsible for the pharmacologic management of mood disorders, and the PCP is often an important member of the clinical team in the management of bipolar disorder and schizophrenia. Not only is a good understanding of psychopharmacology important for the effective treatment of psychiatric disease, it is also necessary for patient safety. Clinicians should understand the side effects and the medication interactions associated with psychotropic medications. This article reviews mechanisms of action, indications, dosing, side effects, medication interactions, and general management considerations for common medications used to treat psychiatric conditions encountered in the primary care setting.

Depression and anxiety disorders are common conditions with significant morbidity. Many screening tools of varying length have been well validated for these conditions in the office-based setting. Novel instruments, including Internet-based and computerized adaptive testing, may be promising tools in the future. The best evidence for cost-effectiveness currently is for screening of major depression linked with the collaborative care model for treatment. Data are not conclusive regarding comparative cost-effectiveness of screening for multiple conditions at once or for other conditions. This article reviews screening tools for depression and anxiety disorders in the ambulatory setting.

Major depression is a common, disabling condition seen frequently in primary care practices. Non-psychiatrist ambulatory providers are increasingly responsible for diagnosing, and primarily managing, patients suffering from major depressive disorder (MDD). The goal of this review is to help primary care providers understand the natural history of MDD, identify practical tools for screening, and provide a thoughtful approach to management. Clinically challenging topics like co-morbid conditions, treatment resistant depression and pharmacotherapy selection with consideration to side effects and medication interactions, are also covered.
Anxiety Disorders in Primary Care

Heidi Combs and Jesse Markman

Anxiety disorders are the most common psychiatric conditions presenting to primary care practitioners. Yet they can be easily overlooked or misdiagnosed. Patients that struggle with anxiety disorders are more likely to seek treatment from primary care providers than mental health specialists. Given the costs in terms of debilitation, associated financial burden, and increased risk of suicide, the identification and successful treatment of anxiety is imperative. By means of clinical acumen and the use of screening tools, the provider can develop expertise in the recognition and effective treatment of anxiety disorders.

Diagnosis and Management of Bipolar Disorder in Primary Care: A DSM-5 Update

Carolyn J. Brenner and Stanley I. Shyn

This review discusses the diagnosis and detection of bipolar disorder in the primary care population with recent changes introduced by the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition and the pharmacotherapy and psychosocial management of this psychiatric condition.

Borderline Personality Disorder in the Primary Care Setting

Amelia N. Dubovsky and Meghan M. Kiefer

Borderline personality disorder is estimated to be present in approximately 6% of outpatient primary care settings. However, the time and energy spent on this population can greatly exceed what primary care doctors have to spend. This article gives an overview of borderline personality disorder, including the clinical characteristics, epidemiology, and comorbidities, as well as pharmacologic, and most important, behavioral management. It is our hope that, with improved understanding of the disorder and skills for managing this population, caring for patients with the disorder can be more satisfying and less taxing for both primary care doctors and their patients.

Seasonal Affective Disorder, Grief Reaction, and Adjustment Disorder

Justin Osborn, Jacqueline Raetz, and Amanda Kost

Seasonal affective disorder is a subtype of other affective disorders. The most studied treatment is light therapy, although second-generation antidepressants are also an option. Grief reactions are normal for patients experiencing loss, and primary care providers (PCPs) should be aware of both the expected course of grief and the more severe symptoms that indicate complex grief. Adjustment disorder is a time-limited abnormal response to a stressor. PCPs can manage patients with adjustment disorder by arranging counseling, screening for suicidality, assessing for substance abuse, and ruling out other psychiatric diagnoses. At present there are no reliable data to suggest medication management.

Approach to the Patient with Multiple Somatic Symptoms

Carmen Croicu, Lydia Chwastiak, and Wayne Katon

Primary care providers play a crucial role in the recognition and appropriate treatment of patients with multiple somatic complaints. Both the
number of somatic symptoms and the persistence of symptoms are associated with co-occurring depression or anxiety disorders. It can be challenging to simultaneously address possible medical causes for physical symptoms while also considering an associated psychiatric diagnosis. In this article, strategies to improve the care and outcomes among these patients are described, including collaboration, education about the interaction between psychosocial stressors and somatic symptoms, regularly scheduled visits, focus on improving functional status, and evidence-based treatment of depression and anxiety.

**Addiction Disorders**

Joseph O. Merrill and Mark H. Duncan

Substance use disorders are common in primary care settings, but detection, assessment, and management are seldom undertaken. Substantial evidence supports that alcohol screening and brief intervention for risky drinking and pharmacotherapy are effective for alcohol use disorders. Substance use disorders can complicate the management of chronic non-cancer pain, making routine monitoring and assessment for substance use disorders an important aspect of long-term opioid prescribing. Patients with opioid use disorders can be effectively treated with methadone in opioid treatment programs or with buprenorphine in the primary care setting.

**Psychiatric Disorders and Sleep Issues**

Eliza L. Sutton

Sleep issues are common in people with psychiatric disorders, and the interaction is complex. Sleep disorders, particularly insomnia, can precede and predispose to psychiatric disorders, can be comorbid with and exacerbate psychiatric disorders, and can occur as part of psychiatric disorders. Sleep disorders can mimic psychiatric disorders or result from medication given for psychiatric disorders. Impairment of sleep and of mental health may be different manifestations of the same underlying neurobiological processes. For the primary care physician, key tools include recognition of potential sleep effects of psychiatric medications and familiarity with treatment approaches for insomnia in depression and anxiety.

**Psychiatric Care of the Older Adult: An Overview for Primary Care**

Shaune DeMers, Kyl Dinsio, and Whitney Carlson

As the population ages, primary care providers will be frequently called on to manage psychiatric disorders suffered by their older patients. This overview of delirium, dementia, depression, and alcohol and substance misuse highlights the common presentations and suggests initial approaches to treatment. The challenges facing caregivers are also discussed.

**Primary Care for Adults on the Autism Spectrum**

Christina Nicolaidis, Clarissa Calliope Kripke, and Dora Raymaker

Autism spectrum disorder (ASD) is defined by differences in social communication and restricted, repetitive patterns of behavior, interests,
or activities. Skills and challenges can change depending on environmental stimuli, supports, and stressors. Quality of life can be improved by the use of accommodations, assistive technologies, therapies to improve adaptive function or communication, caregiver training, acceptance, access, and inclusion. This article focuses on the identification of ASD in adults, referrals for services, the recognition of associated conditions, strategies and accommodations to facilitate effective primary care services, and ethical issues related to caring for autistic adults.

Medical Conditions with Neuropsychiatric Manifestations

Margaret L. Isaac and Eric B. Larson

Medical disease sometimes affects patients through neuropsychiatric manifestations. When neuropsychiatric symptoms are predominant, identifying medical disease early in the illness course is imperative because many of these conditions are reversible with appropriate treatment. A high index of suspicion is required on the part of clinicians, particularly when patients also present with physical signs or unexplained symptoms that might suggest a broader, systemic process. The processes that most commonly cause neuropsychiatric symptoms include infectious, autoimmune, endocrinologic, metabolic, and neoplastic diseases. This article focuses on the most common of these conditions, and conditions for which early diagnosis and treatment are particularly important.